

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**Applicant(s): **STEPHEN PAUL BARTELS ET AL.**

Docket No.

**P02930**

Serial No.

**09/816,284**

Filing Date

**MARCH 23, 2001**

Examiner

**R. JOYNES**

Group Art Unit

**1615**Invention: **NUTRITIONAL SUPPLEMENT TO TREAT MACULAR DEGENERATION****RECEIVED**  
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TECH CENTER 1600/2900I hereby certify that this **NO - FEE AMENDMENT TRANSMITTAL***(Identify type of correspondence)*

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*(Date)***RITA D. VACCA***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***Note: Each paper must have its own certificate of mailing.**

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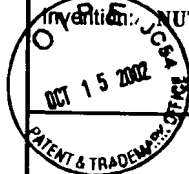
Filing Date

**MARCH 23, 2001**

Examiner

**R. JOYNES**

Group Art Unit

**1615**Invention: **NUTRITIONAL SUPPLEMENT TO TREAT MACULAR DEGENERATION****RECEIVED**  
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(Date)**RITA D. VACCA**

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P07B/REV03

1615/1

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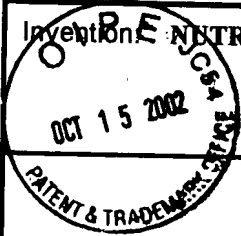
Examiner

**R. JOYNES**

Group Art Unit

**1615**

Inventor: **STEPHEN PAUL BARTELS ET AL.**  
**NUTRITIONAL SUPPLEMENT TO TREAT MACULAR DEGENERATION**



**RECEIVED**  
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I hereby certify that this **PETITION FOR ONE (1) MONTH EXTENSION OF TIME**  
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(Date)

**RITA D. VACCA**

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s) <b>STEPHEN PAUL BARTELS ET AL.</b>			Docket No. <b>P02930</b>		
Serial No. <b>09/816,284</b>	Filing Date <b>MARCH 23, 2001</b>	Examiner <b>R. JOYNES</b>	Group Art Unit <b>15</b>		
Invention: <b>NUTRITIONAL SUPPLEMENT TO TREAT MACULAR DEGENERATION</b>					
TO THE ASSISTANT COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below:					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	25	25	0 x	\$18.00	\$0.00
INDEP. CLAIMS	6	6	0 x	\$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1425 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature <b>RITA D. VACCA, REG. NO. 33,624</b>			Dated: <b>OCTOBER 7, 2002</b>		
<b>BAUSCH &amp; LOMB INCORPORATED</b> <b>ONE BAUSCH &amp; LOMB PLACE</b> <b>ROCHESTER, NEW YORK 14604-2701</b>					
I certify that this document and fee is being deposited on <b>OCTOBER 7, 2002</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.					
 Signature of Person Mailing Correspondence <b>RITA D. VACCA</b> Typed or Printed Name of Person Mailing Correspondence					